Trustee Certification Form

This trustee certification provides The Entrust Group and The Entrust Trust Company (collectively, "Entrust") the necessary information contained in the Trust Instrument named as beneficiary in the _____to make determinations and conduct transactions per instructions by the trustee of the named trust beneficiary. Entrust will not be responsible for interpreting the provisions contained in the trust instrument. If there are any discrepancies between the content of this Trustee Certification Form and the provisions contained in the trust document, Entrust will not be liable for any liabilities incurred as a result of misinformation, instructions and determinations using the stated information under this document.

In consideration of Entrust's opening and maintaining the above account and any other subsequently established accounts for the trust described below, the undersigned trustees certify, represent, and warrant to Entrust that the trust is in full force and effect, and that the following information is true, complete, and accurate:

Name of Trust:
Address of Trust:

The names of all current trustees are (If trustee is an entity documentation indicating authorized individuals of entity such as Corporate Resolution or Certificate of Incumbency will be required):

Name:	SSN:
Address:	
Name:	SSN:
Address:	
Name:	SSN:
Address:	

The trust is governed by the law of _____

Trustee Contact information Tel. No. (___)_____-_____ E-mail _____

EIN of the Trust:___-_____ (Distributions will be reported to the IRS under this number)

Please confirm:

- ☐ Provisions of the Trust (select one):
  - ☐ Trust is irrevocable upon the death of Grantor(s)
  - ☐ Trust remains revocable upon the death of the Trust Grantor(s)

- ☐ Valid under state law

- ☐ Beneficiary(ies) - Oldest beneficiary's life expectancy may be used if the Trust is a Qualified Trust - Beneficiary. If the beneficiary is not a non-qualified trust beneficiary, the 10-year distribution period will apply.[1]

[1] A trust instrument must be provided no later than October 31st of the year following the year of death of the IRA holder for the trust to be qualified.

Beneficiary: _____ DOB: ___/___/_____ Relationship: _____	Beneficiary: _____ DOB: ___/___/_____ Relationship: _____
Beneficiary: _____ DOB: ___/___/_____ Relationship: _____	Beneficiary: _____ DOB: ___/___/_____ Relationship: _____

*Please attach a separate page if needed to list additional beneficiaries.

☐ A copy of the trust instrument must be provided to Entrust at account opening.

☐ The trust or applicable law authorizes the trustees and any authorized agents to make distributions or transfers of trust funds, securities, or other assets by check, debit card, credit card, or other means (including account-to-account transfers) to beneficiaries and others. Entrust, its employees or agents, shall have no responsibility to assure the proper application of trust funds, securities, or other assets by any trustee.

☐ The trustees represent, warrant, and agree that Entrust is authorized for all purposes regarding the trust's accounts to follow the instructions of any one trustee. If there is more than one trustee, the trustees agree that it is their responsibility to agree among themselves before giving any instructions to Entrust for the trust's accounts, if required by the trust instrument or applicable law, and that Entrust may conclusively presume that any one trustee who provides instructions to Entrust has obtained such agreement.

☐ The trustees agree, jointly and severally, to indemnify Entrust, its employees, directors, and agents to hold them harmless from any liabilities and expenses that arise from following the instructions of any trustee, or of any authorized investment advisors or agents, or that otherwise arise from Entrust's reliance on the representations, warranties and agreements included in this Trustee Certification Form. This agreement to indemnify Entrust shall survive termination of the trust or of the accounts.

☐ The trustees agree to provide a new Trustee Certification Form to Entrust in the event that any of these representations, warranties, agreements, or certifications change, or if they may no longer be relied upon by Entrust.

Additional instructions:

_____

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The Entrust Group reserves the right to deny any instructions that conflict with Federal and State regulations and internal policies. By signing this form, the trustee(s) certifies that all information in this form is true and correct. Trustee will be subject to BSA/AML screening as required by law.

Agreed and certified to this _____ day of _____ year of _____

Signature of Trustee: _____